FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H20523 Corporation Name

(7)

JK&A INC.

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Principal Pla	ice of Business		Aailing Address		*****					
6347-4 BAY CLUB DR. FT LAUDERDALE FL 33308 US			4918 E TRADEWINDS AVE FT LAUDERDALE FL 33308 US							
2 Principal	Place of Business			··				prporated or Qualified // 1984		of Last Report 1/20/1995
21		2a 26					4. FEI Number Applied Fr 59-2452599 Not Applie			
Suite, Api		27	Suite, Apt. #, etc. /			5. Certificat	e of Status Desired		\$8.75 Additional Fee Required	
City & Sta		28	Oily & State					Campaign Financing discontribution		\$5.00 May Be Added to Fees
Zip 24	Country Zip 25 29 9. Name and Address of Current Registered Ag			Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes 📉 No			
	9. Name and Add	ress of Current Regis	stered Agent		Τ'''		10. Name si	d Address of New F		Agent
11. Pursuant	SE FL 33351 It to the provisions of Sociered agoal, or both, in the with and accept the obligations, based or printed name.	tions 607.0502 and 60 e State of Florida. Such aligns of Solvon 607.	9505, Florida Statu	ites.		named corpor oration's boa	ration submits this of of directors. It	s statement for the pur ereby accept the appo	FL pose of char pintment as	85 Zip Code Inging its registered office registered agent. I am
12.		OFFICERS AND DIREC	CIORS	1 13		1 - 1 - 1 - 1		S/CHANGES TO OFFI	OFFIC AND	DIDEOTORO M. CO
NAME	PTS KUHNEMUND, JO		DELETE		TITLE NAME		T EZZITION	SOLINIALS TO OFFI		Change Addition
STREET ADDRESS CITY-ST-ZIP	-4918 E TRADEW FT LAUDERDALE				STREET CITY-S	AODRESS I - 7/P	6347-4	Bay Club	Drive	
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NAME					NAME				L	Change
STREE! ADDRESS			•	23	STREET	ADORESS				
CITY-ST-ZIP					CITY-SI					
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STREET ADDRESS						ADDRESS				
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NAME	1			I *. '		1			ليا	Change Addition

CRY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if clayged, or on attachment with an address. CITY-ST-ZIP

4.2 NAME

5. 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CHTY-ST-ZIP

4 4 CITY-ST- 2IP

SIGNATURE

NAME

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

CITY - ST-ZIP

JOHN Kuhnemund, President 4/20/96

DELETE

DELF IE

FILED

Secretary of State

May 01 1996 8:00 am

Change

☐ Change

Addition

☐ Addition

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